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Seven Interim Applicants Receive Funding for HIV and TB

The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved funding in the amount of up to \$30.8 million for seven interim applicants in the transition phase of the new funding model (NFM). The Board's decision was announced on 26 November.

In approving the funding, the Board was acting on recommendations from the Technical Review Panel (TRP) and the Secretariat, including the Grant Approvals Committee (GAC).

This brings to 37 the number of interim applicants for whom funding has been awarded. When the transition phase of the NFM was launched, the Global Fund said that 48 interim applicants had been invited to apply. More approvals are expected in coming months.

The largest awards went to Togo (\$11.8 million for two HIV grants) and Viet Nam (\$7.0 million for a TB grant). See the table for the full breakdown.

Table: Interim Funding Awards from GAC Report GF-B30-ER1

Country	Component	Grant Number	Ceiling (\$US million)
Benin	TB	BEN-T-PNTUB	2.0
Dominican Republic	TB	DMR-309-G07-T	3.0
Mongolia	HIV	MON-H-MOH	0.3
Multi Country Western Pacific	HIV	MWP-708-G06-H	4.0
Nicaragua	TB	NIC-202-G05-T	2.7
Togo	HIV	TGO-809-G08-H	10.5

TGO-809-G09-H	1.3		
Viet Nam	TB	VTN-910-G08-T	7.0
TOTAL			30.8

All of the amounts shown in the table are ceilings; committed amounts could be less.

There was no funding for malaria grants during this wave; instead, it was 52% for HIV grants, worth up to \$16.1 million (52%) and 48% for TB, for up to \$14.7 million.

The GAC decision allocated the funds as below:

Benin (TB)

Benin's principal recipient (PR), the Ministry of Health will receive up to \$2 million in new funding to initiate active case-finding at the community level; to purchase drugs for, and provide other services to, patients with multiple-drug-resistant TB (MDR-TB); and to extend the duration of the grant by six months (to 31 December 2015). Other activities to be supported by the new funding are: (a) a national workshop for the detection and management of childhood TB; (b) a national guide on managing childhood TB; and (c) refresher training for health and laboratory staff.

Dominican Republic (TB)

The \$3 million in new funding will be used by the PR, the Ministry of Health, to support activities aiming to increase TB detection from 70% to 80%, and treatment success from 83% to 87%, in the process reducing the mortality rate from 6.1% to 4.0%. Outpatient care for MDR-TB will be expanded nationwide, to bring treatment closer to patients and lower drop-out rates. Because national resources are expected to cover costs of first-line treatment (as well as second-line treatment as of January 2015), some of the new funding may be directed towards reagents for testing, laboratory equipment, transport, human resources and capacity building.

Mongolia (HIV)

The \$300,000 in new funding will enable Mongolia to extend its existing HIV grant until December 2014. The PR is the Ministry of Health.

Multi-Country Western Pacific (HIV)

The Multi-Country Western Pacific HIV grant includes Cook Islands, Kiribati, Marshall Islands, Micronesia (Federated States), Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

The \$4 million in new funding means that the grant managed by the PR, the Secretariat of the Pacific Community, can be extended by two years (to 31 December 2015.) Some of the funding will be used to address gaps such as (a) the lack of reliable data regarding key populations; (b) the lack of a costed strategic approach to HIV and sexually transmitted infections; and (c) insufficient engagement of civil society.

Nicaragua (TB)

The \$2.7 million in new funding will support the planned decentralisation of MDR-TB management, as well as activities addressing weaknesses in infection control and biosafety conditions. The PR is the Instituto Nicaraguense de Seguridad Social. Specifically, the funds will be used to (a) improve diagnosis of TB and MDR-TB cases; (b) scale up the management of MDR-TB (goal: to diagnose and provide treatment to 87% of estimated MDR-TB cases); (c) improve the capacities of health personnel on MDR-TB health care

and on the use of a new information and surveillance system; and (d) improve warehousing conditions for TB medicines.

Togo (HIV)

Togo will use the \$11.8 million in new funding to scale up existing Phase 2 activities of HIV grants and to extend the grants by seven months (to 30 June 2015). The PRs are the Ministry of Health and Population Services International (Togo). The funding will cover activities in four areas: (a) prevention among key populations; (b) provision of services to HIV-positive pregnant women to prevent mother-to-child transmission; (c) comprehensive quality care for persons living with HIV; (d) and strengthening governance.

Viet Nam (TB)

The \$7 million in new funding will be used by the PR, the Ministry of Health, primarily to (a) strengthen and scale up the management of MDR-TB; (b) expand childhood TB interventions to 15 additional provinces; (c) increase case finding in eight provinces with low TB detection rates; (d) scale up TB/HIV activities; and (e) strengthen laboratory capacities.

Information for this article was taken from Board Decisions GF-B30-EDP2 and from GF-B30-ER1, the Report of Secretariat Funding Recommendations. These documents are not available on the Global Fund website.

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